

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,996,083	\$10,880,739	\$3,884,656	56%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$24,506,769	\$24,700,330	\$193,561	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$694,111	\$803,195	\$109,084	16%
5	Due From Affiliates	\$9,161,307	\$419,887	(\$8,741,420)	-95%
6	Due From Third Party Payers	\$359,760	\$432,832	\$73,072	20%
7	Inventories of Supplies	\$2,570,091	\$2,591,838	\$21,747	1%
8	Prepaid Expenses	\$1,489,763	\$1,380,570	(\$109,193)	-7%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$45,777,884	\$41,209,391	(\$4,568,493)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,261,508	\$3,259,163	(\$2,345)	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$16,261,081	\$15,263,421	(\$997,660)	-6%
	Total Noncurrent Assets Whose Use is Limited:	\$19,522,589	\$18,522,584	(\$1,000,005)	-5%
5	Interest in Net Assets of Foundation	\$4,852,903	\$3,872,533	(\$980,370)	-20%
6	Long Term Investments	\$10,731,706	\$10,937,437	\$205,731	2%
7	Other Noncurrent Assets	\$17,995,203	\$21,408,045	\$3,412,842	19%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$182,534,259	\$187,641,424	\$5,107,165	3%
2	Less: Accumulated Depreciation	\$130,971,357	\$137,494,546	\$6,523,189	5%
	Property, Plant and Equipment, Net	\$51,562,902	\$50,146,878	(\$1,416,024)	-3%
3	Construction in Progress	\$199,081	\$1,937,620	\$1,738,539	873%
	Total Net Fixed Assets	\$51,761,983	\$52,084,498	\$322,515	1%
	Total Assets	\$150,642,268	\$148,034,488	(\$2,607,780)	-2%

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		FY 2010	FY 2011	AMOUNT	%
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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$13,827,968	\$13,253,092	(\$574,876)	-4%
2	Salaries, Wages and Payroll Taxes	\$2,920,000	\$2,445,753	(\$474,247)	-16%
3	Due To Third Party Payers	\$281,399	\$1,420,022	\$1,138,623	405%
4	Due To Affiliates	\$14,838,492	\$2,283,655	(\$12,554,837)	-85%
5	Current Portion of Long Term Debt	\$6,722,072	\$8,797,182	\$2,075,110	31%
6	Current Portion of Notes Payable	\$1,125,935	\$1,169,961	\$44,026	4%
7	Other Current Liabilities	\$6,944,195	\$11,236,219	\$4,292,024	62%
	Total Current Liabilities	\$46,660,061	\$40,605,884	(\$6,054,177)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$44,207,188	\$43,315,158	(\$892,030)	-2%
2	Notes Payable (Net of Current Portion)	\$2,213,487	\$6,393,587	\$4,180,100	189%
	Total Long Term Debt	\$46,420,675	\$49,708,745	\$3,288,070	7%
3	Accrued Pension Liability	\$39,765,402	\$43,370,197	\$3,604,795	9%
4	Other Long Term Liabilities	\$2,604,743	\$2,208,020	(\$396,723)	-15%
	Total Long Term Liabilities	\$88,790,820	\$95,286,962	\$6,496,142	7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$5,363,698	\$3,473,307	(\$1,890,391)	-35%
2	Temporarily Restricted Net Assets	\$1,904,133	\$988,702	(\$915,431)	-48%
3	Permanently Restricted Net Assets	\$7,923,556	\$7,679,633	(\$243,923)	-3%
	Total Net Assets	\$15,191,387	\$12,141,642	(\$3,049,745)	-20%
	Total Liabilities and Net Assets	\$150,642,268	\$148,034,488	(\$2,607,780)	-2%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$419,195,385	\$421,321,833	\$2,126,448	1%
2	Less: Allowances	\$250,648,024	\$249,881,202	(\$766,822)	0%
3	Less: Charity Care	\$2,236,613	\$4,838,371	\$2,601,758	116%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$166,310,748	\$166,602,260	\$291,512	0%
5	Other Operating Revenue	\$10,347,489	\$12,669,852	\$2,322,363	22%
6	Net Assets Released from Restrictions	\$100,773	\$478,506	\$377,733	375%
	Total Operating Revenue	\$176,759,010	\$179,750,618	\$2,991,608	2%
B. Operating Expenses:					
1	Salaries and Wages	\$75,116,354	\$77,581,560	\$2,465,206	3%
2	Fringe Benefits	\$20,990,484	\$21,779,464	\$788,980	4%
3	Physicians Fees	\$6,002,814	\$6,685,874	\$683,060	11%
4	Supplies and Drugs	\$26,604,683	\$24,878,879	(\$1,725,804)	-6%
5	Depreciation and Amortization	\$7,666,028	\$7,107,904	(\$558,124)	-7%
6	Bad Debts	\$6,712,599	\$6,164,670	(\$547,929)	-8%
7	Interest	\$2,528,633	\$2,539,198	\$10,565	0%
8	Malpractice	\$2,281,064	\$1,786,350	(\$494,714)	-22%
9	Other Operating Expenses	\$22,332,089	\$24,798,767	\$2,466,678	11%
	Total Operating Expenses	\$170,234,748	\$173,322,666	\$3,087,918	2%
	Income/(Loss) From Operations	\$6,524,262	\$6,427,952	(\$96,310)	-1%
C. Non-Operating Revenue:					
1	Income from Investments	\$31,573	\$64,367	\$32,794	104%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$873,701)	(\$428,674)	\$445,027	-51%
	Total Non-Operating Revenue	(\$842,128)	(\$364,307)	\$477,821	-57%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,682,134	\$6,063,645	\$381,511	7%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,682,134	\$6,063,645	\$381,511	7%
	Principal Payments	\$2,778,793	\$4,682,252	\$1,903,459	68%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$76,599,038	\$68,002,706	(\$8,596,332)	-11%
2	MEDICARE MANAGED CARE	\$14,764,166	\$13,437,063	(\$1,327,103)	-9%
3	MEDICAID	\$8,820,453	\$15,458,737	\$6,638,284	75%
4	MEDICAID MANAGED CARE	\$7,332,763	\$8,681,588	\$1,348,825	18%
5	CHAMPUS/TRICARE	\$431,607	\$493,077	\$61,470	14%
6	COMMERCIAL INSURANCE	\$2,928,022	\$3,217,791	\$289,769	10%
7	NON-GOVERNMENT MANAGED CARE	\$40,259,556	\$37,865,823	(\$2,393,733)	-6%
8	WORKER'S COMPENSATION	\$623,238	\$600,319	(\$22,919)	-4%
9	SELF- PAY/UNINSURED	\$3,498,834	\$2,596,225	(\$902,609)	-26%
10	SAGA	\$5,261,546	\$0	(\$5,261,546)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$160,519,223	\$150,353,329	(\$10,165,894)	-6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$71,483,647	\$72,291,459	\$807,812	1%
2	MEDICARE MANAGED CARE	\$16,830,656	\$18,435,526	\$1,604,870	10%
3	MEDICAID	\$8,612,159	\$22,454,059	\$13,841,900	161%
4	MEDICAID MANAGED CARE	\$23,286,718	\$25,225,151	\$1,938,433	8%
5	CHAMPUS/TRICARE	\$1,049,235	\$1,306,300	\$257,065	25%
6	COMMERCIAL INSURANCE	\$6,042,020	\$6,972,343	\$930,323	15%
7	NON-GOVERNMENT MANAGED CARE	\$109,873,375	\$111,669,081	\$1,795,706	2%
8	WORKER'S COMPENSATION	\$3,732,029	\$3,856,331	\$124,302	3%
9	SELF- PAY/UNINSURED	\$8,874,148	\$8,757,284	(\$116,864)	-1%
10	SAGA	\$8,892,163	\$0	(\$8,892,163)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$258,676,150	\$270,967,534	\$12,291,384	5%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$148,082,685	\$140,294,165	(\$7,788,520)	-5%
2	MEDICARE MANAGED CARE	\$31,594,822	\$31,872,589	\$277,767	1%
3	MEDICAID	\$17,432,612	\$37,912,796	\$20,480,184	117%
4	MEDICAID MANAGED CARE	\$30,619,481	\$33,906,739	\$3,287,258	11%
5	CHAMPUS/TRICARE	\$1,480,842	\$1,799,377	\$318,535	22%
6	COMMERCIAL INSURANCE	\$8,970,042	\$10,190,134	\$1,220,092	14%
7	NON-GOVERNMENT MANAGED CARE	\$150,132,931	\$149,534,904	(\$598,027)	0%
8	WORKER'S COMPENSATION	\$4,355,267	\$4,456,650	\$101,383	2%
9	SELF- PAY/UNINSURED	\$12,372,982	\$11,353,509	(\$1,019,473)	-8%
10	SAGA	\$14,153,709	\$0	(\$14,153,709)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$419,195,373	\$421,320,863	\$2,125,490	1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$29,143,303	\$25,053,392	(\$4,089,911)	-14%
2	MEDICARE MANAGED CARE	\$6,847,971	\$5,616,787	(\$1,231,184)	-18%
3	MEDICAID	\$2,930,264	\$5,049,155	\$2,118,891	72%
4	MEDICAID MANAGED CARE	\$2,659,173	\$3,657,093	\$997,920	38%
5	CHAMPUS/TRICARE	\$262,414	\$240,067	(\$22,347)	-9%
6	COMMERCIAL INSURANCE	\$1,632,677	\$2,590,213	\$957,536	59%
7	NON-GOVERNMENT MANAGED CARE	\$21,781,846	\$22,853,876	\$1,072,030	5%
8	WORKER'S COMPENSATION	\$361,798	\$339,460	(\$22,338)	-6%
9	SELF- PAY/UNINSURED	\$834,918	\$37,680	(\$797,238)	-95%
10	SAGA	\$1,523,482	\$0	(\$1,523,482)	-100%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$67,977,846	\$65,437,723	(\$2,540,123)	-4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,050,932	\$19,759,226	(\$291,706)	-1%
2	MEDICARE MANAGED CARE	\$5,529,001	\$4,571,857	(\$957,144)	-17%
3	MEDICAID	\$1,630,953	\$4,188,813	\$2,557,860	157%
4	MEDICAID MANAGED CARE	\$5,617,966	\$5,628,932	\$10,966	0%
5	CHAMPUS/TRICARE	\$539,270	\$1,014,912	\$475,642	88%
6	COMMERCIAL INSURANCE	\$3,282,053	\$2,028,892	(\$1,253,161)	-38%
7	NON-GOVERNMENT MANAGED CARE	\$49,001,677	\$55,559,920	\$6,558,243	13%
8	WORKER'S COMPENSATION	\$1,200,043	\$1,368,680	\$168,637	14%
9	SELF- PAY/UNINSURED	\$2,589,004	\$312,777	(\$2,276,227)	-88%
10	SAGA	\$1,529,939	\$0	(\$1,529,939)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$90,970,838	\$94,434,009	\$3,463,171	4%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$49,194,235	\$44,812,618	(\$4,381,617)	-9%
2	MEDICARE MANAGED CARE	\$12,376,972	\$10,188,644	(\$2,188,328)	-18%
3	MEDICAID	\$4,561,217	\$9,237,968	\$4,676,751	103%
4	MEDICAID MANAGED CARE	\$8,277,139	\$9,286,025	\$1,008,886	12%
5	CHAMPUS/TRICARE	\$801,684	\$1,254,979	\$453,295	57%
6	COMMERCIAL INSURANCE	\$4,914,730	\$4,619,105	(\$295,625)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$70,783,523	\$78,413,796	\$7,630,273	11%
8	WORKER'S COMPENSATION	\$1,561,841	\$1,708,140	\$146,299	9%
9	SELF- PAY/UNINSURED	\$3,423,922	\$350,457	(\$3,073,465)	-90%
10	SAGA	\$3,053,421	\$0	(\$3,053,421)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$158,948,684	\$159,871,732	\$923,048	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,205	3,051	(154)	-5%
2	MEDICARE MANAGED CARE	569	575	6	1%
3	MEDICAID	452	894	442	98%
4	MEDICAID MANAGED CARE	843	960	117	14%
5	CHAMPUS/TRICARE	34	47	13	38%
6	COMMERCIAL INSURANCE	236	342	106	45%
7	NON-GOVERNMENT MANAGED CARE	3,195	3,174	(21)	-1%
8	WORKER'S COMPENSATION	34	22	(12)	-35%
9	SELF- PAY/UNINSURED	185	216	31	17%
10	SAGA	356	0	(356)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,109	9,281	172	2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	19,490	17,820	(1,670)	-9%
2	MEDICARE MANAGED CARE	3,255	3,101	(154)	-5%
3	MEDICAID	3,118	5,501	2,383	76%
4	MEDICAID MANAGED CARE	3,020	3,466	446	15%
5	CHAMPUS/TRICARE	127	190	63	50%
6	COMMERCIAL INSURANCE	1,111	1,091	(20)	-2%
7	NON-GOVERNMENT MANAGED CARE	11,731	10,984	(747)	-6%
8	WORKER'S COMPENSATION	91	76	(15)	-16%
9	SELF- PAY/UNINSURED	1,019	1,246	227	22%
10	SAGA	1,973	0	(1,973)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	44,935	43,475	(1,460)	-3%
C.	OUTPATIENT VISITS				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	79,220	79,269	49	0%
2	MEDICARE MANAGED CARE	17,495	19,037	1,542	9%
3	MEDICAID	5,756	13,016	7,260	126%
4	MEDICAID MANAGED CARE	18,843	19,628	785	4%
5	CHAMPUS/TRICARE	889	1,006	117	13%
6	COMMERCIAL INSURANCE	4,995	5,111	116	2%
7	NON-GOVERNMENT MANAGED CARE	98,622	98,396	(226)	0%
8	WORKER'S COMPENSATION	1,484	1,546	62	4%
9	SELF- PAY/UNINSURED	6,747	7,852	1,105	16%
10	SAGA	5,435	0	(5,435)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	239,486	244,861	5,375	2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$16,910,491	\$16,725,882	(\$184,609)	-1%
2	MEDICARE MANAGED CARE	\$3,089,076	\$3,611,374	\$522,298	17%
3	MEDICAID	\$4,198,465	\$11,121,111	\$6,922,646	165%
4	MEDICAID MANAGED CARE	\$12,298,313	\$13,428,610	\$1,130,297	9%
5	CHAMPUS/TRICARE	\$560,948	\$522,598	(\$38,350)	-7%
6	COMMERCIAL INSURANCE	\$2,217,789	\$2,475,403	\$257,614	12%
7	NON-GOVERNMENT MANAGED CARE	\$24,400,135	\$25,478,372	\$1,078,237	4%
8	WORKER'S COMPENSATION	\$1,304,698	\$1,410,919	\$106,221	8%
9	SELF- PAY/UNINSURED	\$5,983,197	\$6,684,084	\$700,887	12%
10	SAGA	\$5,146,355	\$0	(\$5,146,355)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$76,109,467	\$81,458,353	\$5,348,886	7%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,997,580	\$3,786,659	(\$210,921)	-5%
2	MEDICARE MANAGED CARE	\$731,199	\$823,984	\$92,785	13%
3	MEDICAID	\$784,747	\$1,941,603	\$1,156,856	147%
4	MEDICAID MANAGED CARE	\$2,839,253	\$2,875,673	\$36,420	1%
5	CHAMPUS/TRICARE	\$177,936	\$140,244	(\$37,692)	-21%
6	COMMERCIAL INSURANCE	\$1,598,939	\$1,659,359	\$60,420	4%
7	NON-GOVERNMENT MANAGED CARE	\$16,853,439	\$17,165,474	\$312,035	2%
8	WORKER'S COMPENSATION	\$888,330	\$990,955	\$102,625	12%
9	SELF- PAY/UNINSURED	\$216,376	\$126,903	(\$89,473)	-41%
10	SAGA	\$759,720	\$0	(\$759,720)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$28,847,519	\$29,510,854	\$663,335	2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	6,865	7,113	248	4%
2	MEDICARE MANAGED CARE	1,211	1,406	195	16%
3	MEDICAID	2,424	6,164	3,740	154%
4	MEDICAID MANAGED CARE	8,770	8,974	204	2%
5	CHAMPUS/TRICARE	298	277	(21)	-7%
6	COMMERCIAL INSURANCE	1,167	1,217	50	4%
7	NON-GOVERNMENT MANAGED CARE	12,403	12,328	(75)	-1%
8	WORKER'S COMPENSATION	995	1,014	19	2%
9	SELF- PAY/UNINSURED	3,694	4,009	315	9%
10	SAGA	3,119	0	(3,119)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	40,946	42,502	1,556	4%

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$25,806,971	\$26,184,283	\$377,312	1%
2	Physician Salaries	\$5,482,881	\$5,856,368	\$373,487	7%
3	Non-Nursing, Non-Physician Salaries	\$43,826,502	\$45,540,909	\$1,714,407	4%
	Total Salaries & Wages	\$75,116,354	\$77,581,560	\$2,465,206	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$7,915,769	\$8,134,838	\$219,069	3%
2	Physician Fringe Benefits	\$1,592,038	\$1,698,577	\$106,539	7%
3	Non-Nursing, Non-Physician Fringe Benefits	\$11,482,677	\$11,946,049	\$463,372	4%
	Total Fringe Benefits	\$20,990,484	\$21,779,464	\$788,980	4%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$6,002,814	\$6,685,874	\$683,060	11%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$6,002,814	\$6,685,874	\$683,060	11%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$21,028,632	\$20,212,082	(\$816,550)	-4%
2	Pharmaceutical Costs	\$5,576,051	\$4,666,797	(\$909,254)	-16%
	Total Medical Supplies and Pharmaceutical Cost	\$26,604,683	\$24,878,879	(\$1,725,804)	-6%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,954,728	\$3,507,682	(\$447,046)	-11%
2	Depreciation-Equipment	\$3,711,300	\$3,600,222	(\$111,078)	-3%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$7,666,028	\$7,107,904	(\$558,124)	-7%
F. Bad Debts:					
1	Bad Debts	\$6,712,599	\$6,164,670	(\$547,929)	-8%
G. Interest Expense:					
1	Interest Expense	\$2,528,633	\$2,539,198	\$10,565	0%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,281,064	\$1,786,350	(\$494,714)	-22%
I. Utilities:					
1	Water	\$168,659	\$186,654	\$17,995	11%
2	Natural Gas	\$806,536	\$778,801	(\$27,735)	-3%
3	Oil	\$130,117	\$104,052	(\$26,065)	-20%
4	Electricity	\$1,551,002	\$1,619,181	\$68,179	4%
5	Telephone	\$461,603	\$566,451	\$104,848	23%
6	Other Utilities	\$0	\$3,097	\$3,097	0%
	Total Utilities	\$3,117,917	\$3,258,236	\$140,319	5%
J. Business Expenses:					
1	Accounting Fees	\$219,607	\$119,311	(\$100,296)	-46%
2	Legal Fees	\$750,736	\$717,065	(\$33,671)	-4%
3	Consulting Fees	\$636,387	\$493,555	(\$142,832)	-22%
4	Dues and Membership	\$286,437	\$292,333	\$5,896	2%
5	Equipment Leases	\$513,798	\$446,125	(\$67,673)	-13%
6	Building Leases	\$1,006,014	\$1,301,432	\$295,418	29%
7	Repairs and Maintenance	\$1,966,637	\$2,441,052	\$474,415	24%
8	Insurance	\$770,691	\$660,129	(\$110,562)	-14%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$78,882	\$103,143	\$24,261	31%
10	Conferences	\$9,790	\$12,010	\$2,220	23%
11	Property Tax	\$5,565	\$10,571	\$5,006	90%
12	General Supplies	\$665,780	\$492,085	(\$173,695)	-26%
13	Licenses and Subscriptions	\$352,265	\$349,296	(\$2,969)	-1%
14	Postage and Shipping	\$161,411	\$181,283	\$19,872	12%
15	Advertising	\$526,803	\$1,083,720	\$556,917	106%
16	Other Business Expenses	\$11,263,369	\$12,837,421	\$1,574,052	14%
	Total Business Expenses	\$19,214,172	\$21,540,531	\$2,326,359	12%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$170,234,748	\$173,322,666	\$3,087,918	2%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$4,067,221	\$4,203,805	\$136,584	3%
2	General Accounting	\$1,648,454	\$1,750,207	\$101,753	6%
3	Patient Billing & Collection	\$1,586,066	\$1,734,569	\$148,503	9%
4	Admitting / Registration Office	\$1,660,437	\$1,669,664	\$9,227	1%
5	Data Processing	\$4,309,116	\$4,601,371	\$292,255	7%
6	Communications	\$1,512,766	\$1,564,098	\$51,332	3%
7	Personnel	\$16,147,288	\$16,848,079	\$700,791	4%
8	Public Relations	\$131,419	\$285,449	\$154,030	117%
9	Purchasing	\$1,211,439	\$1,331,330	\$119,891	10%
10	Dietary and Cafeteria	\$3,161,874	\$3,312,347	\$150,473	5%
11	Housekeeping	\$1,764,333	\$1,865,988	\$101,655	6%
12	Laundry & Linen	\$864,367	\$850,483	(\$13,884)	-2%
13	Operation of Plant	\$2,676,417	\$2,646,007	(\$30,410)	-1%
14	Security	\$826,251	\$854,551	\$28,300	3%
15	Repairs and Maintenance	\$1,103,552	\$1,271,247	\$167,695	15%
16	Central Sterile Supply	\$965,486	\$1,034,580	\$69,094	7%
17	Pharmacy Department	\$7,240,037	\$6,166,867	(\$1,073,170)	-15%
18	Other General Services	\$28,913,307	\$27,893,205	(\$1,020,102)	-4%
	Total General Services	\$79,789,830	\$79,883,847	\$94,017	0%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$5,875,800	\$6,685,581	\$809,781	14%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,839,620	\$1,840,454	\$834	0%
4	Medical Records	\$1,685,453	\$1,743,218	\$57,765	3%
5	Social Service	\$348,227	\$369,372	\$21,145	6%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$9,749,100	\$10,638,625	\$889,525	9%
C.	<u>Special Services:</u>				
1	Operating Room	\$12,190,675	\$11,940,513	(\$250,162)	-2%
2	Recovery Room	\$1,103,082	\$1,111,554	\$8,472	1%
3	Anesthesiology	\$600,657	\$495,185	(\$105,472)	-18%
4	Delivery Room	\$3,034,967	\$3,716,232	\$681,265	22%
5	Diagnostic Radiology	\$2,685,918	\$2,677,872	(\$8,046)	0%
6	Diagnostic Ultrasound	\$425,203	\$651,729	\$226,526	53%
7	Radiation Therapy	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$586,510	\$626,616	\$40,106	7%
9	CT Scan	\$872,186	\$857,473	(\$14,713)	-2%
10	Laboratory	\$11,768,560	\$11,956,198	\$187,638	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,590,064	\$1,643,596	\$53,532	3%
13	Electrocardiology	\$266,776	\$198,535	(\$68,241)	-26%
14	Electroencephalography	\$56,100	\$82,771	\$26,671	48%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$53,367	\$67,049	\$13,682	26%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,057,969	\$4,534,568	\$476,599	12%
23	Renal Dialysis	\$171,858	\$181,157	\$9,299	5%
24	Emergency Room	\$8,837,507	\$9,425,925	\$588,418	7%
25	MRI	\$293,348	\$301,714	\$8,366	3%
26	PET Scan	\$378,344	\$453,650	\$75,306	20%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,292,469	\$2,191,726	(\$100,743)	-4%
29	Sleep Center	\$944,715	\$864,162	(\$80,553)	-9%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,658,756	\$1,746,537	\$87,781	5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$5,753,916	\$6,416,241	\$662,325	12%
	Total Special Services	\$59,622,947	\$62,141,003	\$2,518,056	4%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$6,858,047	\$6,476,320	(\$381,727)	-6%
2	Intensive Care Unit	\$6,614,451	\$6,439,869	(\$174,582)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$3,941,312	\$4,007,282	\$65,970	2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,214,994	\$1,251,677	\$36,683	3%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,443,173	\$1,448,660	\$5,487	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,000,894	\$1,035,383	\$34,489	3%
	Total Routine Services	\$21,072,871	\$20,659,191	(\$413,680)	-2%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$170,234,748	\$173,322,666	\$3,087,918	2%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$167,264,862	\$ 166,310,748	\$166,602,260
2	Other Operating Revenue	10,165,345	10,448,262	13,148,358
3	Total Operating Revenue	\$177,430,207	\$176,759,010	\$179,750,618
4	Total Operating Expenses	170,017,184	170,234,748	173,322,666
5	Income/(Loss) From Operations	\$7,413,023	\$6,524,262	\$6,427,952
6	Total Non-Operating Revenue	(1,467,453)	(842,128)	(364,307)
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,945,570	\$5,682,134	\$6,063,645
B. Profitability Summary				
1	Hospital Operating Margin	4.21%	3.71%	3.58%
2	Hospital Non Operating Margin	-0.83%	-0.48%	-0.20%
3	Hospital Total Margin	3.38%	3.23%	3.38%
4	Income/(Loss) From Operations	\$7,413,023	\$6,524,262	\$6,427,952
5	Total Operating Revenue	\$177,430,207	\$176,759,010	\$179,750,618
6	Total Non-Operating Revenue	(\$1,467,453)	(\$842,128)	(\$364,307)
7	Total Revenue	\$175,962,754	\$175,916,882	\$179,386,311
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,945,570	\$5,682,134	\$6,063,645
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$12,898,050	\$5,363,698	\$3,473,307
2	Hospital Total Net Assets	\$21,927,867	\$15,191,387	\$12,141,642
3	Hospital Change in Total Net Assets	(\$16,712,029)	(\$6,736,480)	(\$3,049,745)
4	Hospital Change in Total Net Assets %	56.7%	-30.7%	-20.1%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.40	0.40	0.40
2	Total Operating Expenses	\$170,017,184	\$170,234,748	\$173,322,666
3	Total Gross Revenue	\$410,211,496	\$419,195,373	\$421,320,863
4	Total Other Operating Revenue	\$10,065,754	\$10,448,262	\$13,148,358
5	Private Payment to Cost Ratio	1.17	1.19	1.29
6	Total Non-Government Payments	\$82,007,197	\$80,684,016	\$85,091,498

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$3,455,438	\$3,423,922	\$350,457
8	Total Non-Government Charges	\$178,865,005	\$175,831,222	\$175,535,197
9	Total Uninsured Charges	\$12,489,665	\$12,372,982	\$11,353,509
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.86	0.80
11	Total Medicare Payments	\$60,626,146	\$61,571,207	\$55,001,262
12	Total Medicare Charges	\$179,561,373	\$179,677,507	\$172,166,754
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.67	0.65
14	Total Medicaid Payments	\$11,951,453	\$12,838,356	\$18,523,993
15	Total Medicaid Charges	\$39,447,676	\$48,052,093	\$71,819,535
16	<u>Uncompensated Care Cost</u>	\$3,767,739	\$3,545,885	\$4,389,440
17	Charity Care	\$1,418,730	\$2,236,613	\$4,838,371
18	Bad Debts	\$7,895,004	\$6,712,599	\$6,164,670
19	Total Uncompensated Care	\$9,313,734	\$8,949,212	\$11,003,041
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	2.1%	2.5%
21	Total Operating Expenses	\$170,017,184	\$170,234,748	\$173,322,666
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.17	0.98	1.01
2	Total Current Assets	\$46,072,012	\$45,777,884	\$41,209,391
3	Total Current Liabilities	\$39,539,228	\$46,660,061	\$40,605,884
4	<u>Days Cash on Hand</u>	24	16	24
5	Cash and Cash Equivalents	\$10,660,990	\$6,996,083	\$10,880,739
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$10,660,990	\$6,996,083	\$10,880,739
8	Total Operating Expenses	\$170,017,184	\$170,234,748	\$173,322,666
9	Depreciation Expense	\$8,204,355	\$7,666,028	\$7,107,904
10	Operating Expenses less Depreciation Expense	\$161,812,829	\$162,568,720	\$166,214,762
11	<u>Days Revenue in Patient Accounts Receivable</u>	54.16	53.96	51.95

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
12	Net Patient Accounts Receivable	\$ 24,557,822	\$ 24,506,769	\$ 24,700,330
13	Due From Third Party Payers	\$514,722	\$359,760	\$432,832
14	Due To Third Party Payers	\$251,398	\$281,399	\$1,420,022
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 24,821,146	\$ 24,585,130	\$ 23,713,140
16	Total Net Patient Revenue	\$167,264,862	\$ 166,310,748	\$ 166,602,260
17	<u>Average Payment Period</u>	89.19	104.76	89.17
18	Total Current Liabilities	\$39,539,228	\$46,660,061	\$40,605,884
19	Total Operating Expenses	\$170,017,184	\$170,234,748	\$173,322,666
20	Depreciation Expense	\$8,204,355	\$7,666,028	\$7,107,904
21	Total Operating Expenses less Depreciation Expense	\$161,812,829	\$162,568,720	\$166,214,762
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	14.6	10.1	8.2
2	Total Net Assets	\$21,927,867	\$15,191,387	\$12,141,642
3	Total Assets	\$150,608,374	\$150,642,268	\$148,034,488
4	<u>Cash Flow to Total Debt Ratio</u>	15.9	14.3	14.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,945,570	\$5,682,134	\$6,063,645
6	Depreciation Expense	\$8,204,355	\$7,666,028	\$7,107,904
7	Excess of Revenues Over Expenses and Depreciation Expense	\$14,149,925	\$13,348,162	\$13,171,549
8	Total Current Liabilities	\$39,539,228	\$46,660,061	\$40,605,884
9	Total Long Term Debt	\$49,230,702	\$46,420,675	\$49,708,745
10	Total Current Liabilities and Total Long Term Debt	\$88,769,930	\$93,080,736	\$90,314,629
11	<u>Long Term Debt to Capitalization Ratio</u>	69.2	75.3	80.4
12	Total Long Term Debt	\$49,230,702	\$46,420,675	\$49,708,745
13	Total Net Assets	\$21,927,867	\$15,191,387	\$12,141,642
14	Total Long Term Debt and Total Net Assets	\$71,158,569	\$61,612,062	\$61,850,387
15	<u>Debt Service Coverage Ratio</u>	2.9	3.0	2.2
16	Excess Revenues over Expenses	\$5,945,570	\$5,682,134	\$6,063,645
17	Interest Expense	\$2,265,597	\$2,528,633	\$2,539,198
18	Depreciation and Amortization Expense	\$8,204,355	\$7,666,028	\$7,107,904

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$3,489,341	\$2,778,793	\$4,682,252
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	15.1	17.1	19.3
21	Accumulated Depreciation	\$123,886,476	\$130,971,357	\$137,494,546
22	Depreciation and Amortization Expense	\$8,204,355	\$7,666,028	\$7,107,904
H. <u>Utilization Measures Summary</u>				
1	Patient Days	44,631	44,935	43,475
2	Discharges	8,989	9,109	9,281
3	ALOS	5.0	4.9	4.7
4	Staffed Beds	140	140	171
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
6	Occupancy of Staffed Beds	87.3%	87.9%	69.7%
7	Occupancy of Available Beds	43.2%	43.5%	42.1%
8	Full Time Equivalent Employees	1,155.3	1,146.9	1,138.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	40.6%	39.0%	39.0%
2	Medicare Gross Revenue Payer Mix Percentage	43.8%	42.9%	40.9%
3	Medicaid Gross Revenue Payer Mix Percentage	9.6%	11.5%	17.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	3.4%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	3.0%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$166,375,340	\$163,458,240	\$164,181,688
9	Medicare Gross Revenue (Charges)	\$179,561,373	\$179,677,507	\$172,166,754
10	Medicaid Gross Revenue (Charges)	\$39,447,676	\$48,052,093	\$71,819,535
11	Other Medical Assistance Gross Revenue (Charges)	\$11,304,085	\$14,153,709	\$0
12	Uninsured Gross Revenue (Charges)	\$12,489,665	\$12,372,982	\$11,353,509
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,033,357	\$1,480,842	\$1,799,377
14	Total Gross Revenue (Charges)	\$410,211,496	\$419,195,373	\$421,320,863
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	49.5%	48.6%	53.0%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
2	Medicare Net Revenue Payer Mix Percentage	38.2%	38.7%	34.4%
3	Medicaid Net Revenue Payer Mix Percentage	7.5%	8.1%	11.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.1%	1.9%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	2.2%	2.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.5%	0.8%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$78,551,759	\$77,260,094	\$84,741,041
9	Medicare Net Revenue (Payments)	\$60,626,146	\$61,571,207	\$55,001,262
10	Medicaid Net Revenue (Payments)	\$11,951,453	\$12,838,356	\$18,523,993
11	Other Medical Assistance Net Revenue (Payments)	\$3,354,965	\$3,053,421	\$0
12	Uninsured Net Revenue (Payments)	\$3,455,438	\$3,423,922	\$350,457
13	CHAMPUS / TRICARE Net Revenue Payments)	\$743,241	\$801,684	\$1,254,979
14	Total Net Revenue (Payments)	\$158,683,002	\$158,948,684	\$159,871,732
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,712	3,650	3,754
2	Medicare	3,770	3,774	3,626
3	Medical Assistance	1,488	1,651	1,854
4	Medicaid	1,166	1,295	1,854
5	Other Medical Assistance	322	356	-
6	CHAMPUS / TRICARE	19	34	47
7	Uninsured (Included In Non-Government)	182	185	216
8	Total	8,989	9,109	9,281
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.032650	1.010370	0.981600
2	Medicare	1.530690	1.459010	1.367300
3	Medical Assistance	0.970106	0.931606	0.927500
4	Medicaid	0.943130	0.916310	0.927500
5	Other Medical Assistance	1.067790	0.987250	0.000000
6	CHAMPUS / TRICARE	1.313690	0.899830	0.845700
7	Uninsured (Included In Non-Government)	0.986630	1.097630	1.031100
8	Total Case Mix Index	1.231769	1.181560	1.120793
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,142	5,340	5,332
2	Emergency Room - Treated and Discharged	40,513	40,946	42,502
3	Total Emergency Room Visits	45,655	46,286	47,834

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$193,076	\$260,985	\$67,909	35%
2	Inpatient Payments	\$100,496	\$114,065	\$13,569	14%
3	Outpatient Charges	\$259,409	\$632,208	\$372,799	144%
4	Outpatient Payments	\$81,485	\$143,451	\$61,966	76%
5	Discharges	10	17	7	70%
6	Patient Days	38	63	25	66%
7	Outpatient Visits (Excludes ED Visits)	290	476	186	64%
8	Emergency Department Outpatient Visits	18	39	21	117%
9	Emergency Department Inpatient Admissions	7	24	17	243%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$452,485	\$893,193	\$440,708	97%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$181,981	\$257,516	\$75,535	42%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$30,384	\$43,031	\$12,647	42%
2	Inpatient Payments	\$21,199	\$21,277	\$78	0%
3	Outpatient Charges	\$118,633	\$52,331	(\$66,302)	-56%
4	Outpatient Payments	\$42,441	\$15,024	(\$27,417)	-65%
5	Discharges	2	2	0	0%
6	Patient Days	15	13	(2)	-13%
7	Outpatient Visits (Excludes ED Visits)	144	42	(102)	-71%
8	Emergency Department Outpatient Visits	7	1	(6)	-86%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$149,017	\$95,362	(\$53,655)	-36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,640	\$36,301	(\$27,339)	-43%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$2,552,303	\$5,718,172	\$3,165,869	124%
2	Inpatient Payments	\$972,715	\$2,328,626	\$1,355,911	139%
3	Outpatient Charges	\$3,967,192	\$8,498,899	\$4,531,707	114%
4	Outpatient Payments	\$1,436,194	\$2,344,339	\$908,145	63%
5	Discharges	98	229	131	134%
6	Patient Days	549	1,235	686	125%
7	Outpatient Visits (Excludes ED Visits)	3,813	8,532	4,719	124%
8	Emergency Department Outpatient Visits	199	520	321	161%
9	Emergency Department Inpatient Admissions	64	275	211	330%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,519,495	\$14,217,071	\$7,697,576	118%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,408,909	\$4,672,965	\$2,264,056	94%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$7,624,700	\$2,000,376	(\$5,624,324)	-74%
2	Inpatient Payments	\$3,691,831	\$417,050	(\$3,274,781)	-89%
3	Outpatient Charges	\$8,063,420	\$2,058,689	(\$6,004,731)	-74%
4	Outpatient Payments	\$2,564,730	\$356,407	(\$2,208,323)	-86%
5	Discharges	301	79	(222)	-74%
6	Patient Days	1,681	482	(1,199)	-71%
7	Outpatient Visits (Excludes ED Visits)	7,668	2,196	(5,472)	-71%
8	Emergency Department Outpatient Visits	551	115	(436)	-79%
9	Emergency Department Inpatient Admissions	216	86	(130)	-60%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,688,120	\$4,059,065	(\$11,629,055)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,256,561	\$773,457	(\$5,483,104)	-88%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,754,349	\$772,212	(\$982,137)	-56%
2	Inpatient Payments	\$851,770	\$772,212	(\$79,558)	-9%
3	Outpatient Charges	\$1,930,313	\$908,865	(\$1,021,448)	-53%
4	Outpatient Payments	\$637,125	\$237,329	(\$399,796)	-63%
5	Discharges	73	41	(32)	-44%
6	Patient Days	393	181	(212)	-54%
7	Outpatient Visits (Excludes ED Visits)	1,509	972	(537)	-36%
8	Emergency Department Outpatient Visits	225	127	(98)	-44%
9	Emergency Department Inpatient Admissions	58	39	(19)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,684,662	\$1,681,077	(\$2,003,585)	-54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,488,895	\$1,009,541	(\$479,354)	-32%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$2,560,771	\$2,560,771	0%
2	Inpatient Payments	\$0	\$1,123,492	\$1,123,492	0%
3	Outpatient Charges	\$0	\$3,434,883	\$3,434,883	0%
4	Outpatient Payments	\$0	\$845,939	\$845,939	0%
5	Discharges	0	115	115	0%
6	Patient Days	0	649	649	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,636	2,636	0%
8	Emergency Department Outpatient Visits	0	364	364	0%
9	Emergency Department Inpatient Admissions	0	130	130	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,995,654	\$5,995,654	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,969,431	\$1,969,431	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$779,167	\$766,378	(\$12,789)	-2%
2	Inpatient Payments	\$433,771	\$255,980	(\$177,791)	-41%
3	Outpatient Charges	\$592,109	\$772,307	\$180,198	30%
4	Outpatient Payments	\$171,147	\$157,662	(\$13,485)	-8%
5	Discharges	19	28	9	47%
6	Patient Days	150	175	25	17%
7	Outpatient Visits (Excludes ED Visits)	494	599	105	21%
8	Emergency Department Outpatient Visits	70	108	38	54%
9	Emergency Department Inpatient Admissions	16	33	17	106%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,371,276	\$1,538,685	\$167,409	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$604,918	\$413,642	(\$191,276)	-32%
I. AETNA					
1	Inpatient Charges	\$1,816,288	\$1,233,728	(\$582,560)	-32%
2	Inpatient Payments	\$770,576	\$554,943	(\$215,633)	-28%
3	Outpatient Charges	\$1,847,831	\$1,978,122	\$130,291	7%
4	Outpatient Payments	\$583,517	\$445,926	(\$137,591)	-24%
5	Discharges	65	58	(7)	-11%
6	Patient Days	424	282	(142)	-33%
7	Outpatient Visits (Excludes ED Visits)	2,313	2,082	(231)	-10%
8	Emergency Department Outpatient Visits	133	115	(18)	-14%
9	Emergency Department Inpatient Admissions	50	59	9	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,664,119	\$3,211,850	(\$452,269)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,354,093	\$1,000,869	(\$353,224)	-26%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$13,899	\$81,410	\$67,511	486%
2	Inpatient Payments	\$5,613	\$29,142	\$23,529	419%
3	Outpatient Charges	\$51,749	\$99,222	\$47,473	92%
4	Outpatient Payments	\$12,362	\$25,780	\$13,418	109%
5	Discharges	1	6	5	500%
6	Patient Days	5	21	16	320%
7	Outpatient Visits (Excludes ED Visits)	53	96	43	81%
8	Emergency Department Outpatient Visits	8	17	9	113%
9	Emergency Department Inpatient Admissions	1	6	5	500%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$65,648	\$180,632	\$114,984	175%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$17,975	\$54,922	\$36,947	206%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$14,764,166	\$13,437,063	(\$1,327,103)	-9%
	TOTAL INPATIENT PAYMENTS	\$6,847,971	\$5,616,787	(\$1,231,184)	-18%
	TOTAL OUTPATIENT CHARGES	\$16,830,656	\$18,435,526	\$1,604,870	10%
	TOTAL OUTPATIENT PAYMENTS	\$5,529,001	\$4,571,857	(\$957,144)	-17%
	TOTAL DISCHARGES	569	575	6	1%
	TOTAL PATIENT DAYS	3,255	3,101	(154)	-5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,284	17,631	1,347	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,211	1,406	195	16%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	413	653	240	58%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,594,822	\$31,872,589	\$277,767	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,376,972	\$10,188,644	(\$2,188,328)	-18%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$3,745,277	\$4,683,026	\$937,749	25%
2	Inpatient Payments	\$1,442,361	\$2,101,485	\$659,124	46%
3	Outpatient Charges	\$11,861,257	\$13,095,155	\$1,233,898	10%
4	Outpatient Payments	\$3,219,251	\$2,922,337	(\$296,914)	-9%
5	Discharges	431	482	51	12%
6	Patient Days	1,517	1,897	380	25%
7	Outpatient Visits (Excludes ED Visits)	5,199	5,450	251	5%
8	Emergency Department Outpatient Visits	4,608	4,787	179	4%
9	Emergency Department Inpatient Admissions	132	146	14	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,606,534	\$17,778,181	\$2,171,647	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,661,612	\$5,023,822	\$362,210	8%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$1,003,933	\$1,160,787	\$156,854	16%
2	Inpatient Payments	\$326,912	\$456,881	\$129,969	40%
3	Outpatient Charges	\$3,062,972	\$3,398,568	\$335,596	11%
4	Outpatient Payments	\$685,857	\$795,673	\$109,816	16%
5	Discharges	125	143	18	14%
6	Patient Days	421	477	56	13%
7	Outpatient Visits (Excludes ED Visits)	1,168	1,318	150	13%
8	Emergency Department Outpatient Visits	1,267	1,228	(39)	-3%
9	Emergency Department Inpatient Admissions	34	36	2	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,066,905	\$4,559,355	\$492,450	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,012,769	\$1,252,554	\$239,785	24%
	H. AETNA				
1	Inpatient Charges	\$2,583,553	\$2,837,775	\$254,222	10%
2	Inpatient Payments	\$889,900	\$1,098,727	\$208,827	23%
3	Outpatient Charges	\$8,362,489	\$8,731,428	\$368,939	4%
4	Outpatient Payments	\$1,712,858	\$1,910,922	\$198,064	12%
5	Discharges	287	335	48	17%
6	Patient Days	1,082	1,092	10	1%
7	Outpatient Visits (Excludes ED Visits)	3,706	3,886	180	5%
8	Emergency Department Outpatient Visits	2,895	2,959	64	2%
9	Emergency Department Inpatient Admissions	107	98	(9)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,946,042	\$11,569,203	\$623,161	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,602,758	\$3,009,649	\$406,891	16%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$7,332,763	\$8,681,588	\$1,348,825	18%
	TOTAL INPATIENT PAYMENTS	\$2,659,173	\$3,657,093	\$997,920	38%
	TOTAL OUTPATIENT CHARGES	\$23,286,718	\$25,225,151	\$1,938,433	8%
	TOTAL OUTPATIENT PAYMENTS	\$5,617,966	\$5,628,932	\$10,966	0%
	TOTAL DISCHARGES	843	960	117	14%
	TOTAL PATIENT DAYS	3,020	3,466	446	15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,073	10,654	581	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,770	8,974	204	2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	273	280	7	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,619,481	\$33,906,739	\$3,287,258	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,277,139	\$9,286,025	\$1,008,886	12%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$19,538,406	\$20,991,180	\$1,452,774	7%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,411,447	\$39,643,428	\$231,981	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,170,661	\$1,504,988	\$334,327	29%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$721,274	\$432,832	(\$288,442)	-40%
7	Inventories of Supplies	\$4,115,275	\$4,228,568	\$113,293	3%
8	Prepaid Expenses	\$4,951,462	\$4,345,929	(\$605,533)	-12%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$69,908,525	\$71,146,925	\$1,238,400	2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$7,003,197	\$6,688,165	(\$315,032)	-4%
2	Board Designated for Capital Acquisition	\$4,944,754	\$5,900,811	\$956,057	19%
3	Funds Held in Escrow	\$11,193,777	\$8,891,170	(\$2,302,607)	-21%
4	Other Noncurrent Assets Whose Use is Limited	\$26,462,596	\$25,643,372	(\$819,224)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$49,604,324	\$47,123,518	(\$2,480,806)	-5%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$34,840,136	\$33,914,265	(\$925,871)	-3%
7	Other Noncurrent Assets	\$11,623,875	\$13,915,384	\$2,291,509	20%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$290,908,003	\$298,818,948	\$7,910,945	3%
2	Less: Accumulated Depreciation	\$194,035,440	\$205,118,802	\$11,083,362	\$0
	Property, Plant and Equipment, Net	\$96,872,563	\$93,700,146	(\$3,172,417)	-3%
3	Construction in Progress	\$487,299	\$2,489,451	\$2,002,152	411%
	Total Net Fixed Assets	\$97,359,862	\$96,189,597	(\$1,170,265)	-1%
	Total Assets	\$263,336,722	\$262,289,689	(\$1,047,033)	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$22,292,837	\$20,356,213	(\$1,936,624)	-9%
2	Salaries, Wages and Payroll Taxes	\$3,978,870	\$3,261,932	(\$716,938)	-18%
3	Due To Third Party Payers	\$423,893	\$2,104,534	\$1,680,641	396%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$9,778,518	\$10,595,265	\$816,747	8%
6	Current Portion of Notes Payable	\$2,216,000	\$3,329,824	\$1,113,824	50%
7	Other Current Liabilities	\$11,650,449	\$17,030,017	\$5,379,568	46%
	Total Current Liabilities	\$50,340,567	\$56,677,785	\$6,337,218	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$77,603,579	\$78,175,743	\$572,164	1%
2	Notes Payable (Net of Current Portion)	\$4,129,503	\$8,459,422	\$4,329,919	105%
	Total Long Term Debt	\$81,733,082	\$86,635,165	\$4,902,083	6%
3	Accrued Pension Liability	\$51,990,994	\$56,772,305	\$4,781,311	9%
4	Other Long Term Liabilities	\$7,795,597	\$7,042,777	(\$752,820)	-10%
	Total Long Term Liabilities	\$141,519,673	\$150,450,247	\$8,930,574	6%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$54,654,325	\$41,815,956	(\$12,838,369)	-23%
2	Temporarily Restricted Net Assets	\$5,411,388	\$2,249,963	(\$3,161,425)	-58%
3	Permanently Restricted Net Assets	\$11,410,769	\$11,095,738	(\$315,031)	-3%
	Total Net Assets	\$71,476,482	\$55,161,657	(\$16,314,825)	-23%
	Total Liabilities and Net Assets	\$263,336,722	\$262,289,689	(\$1,047,033)	0%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$634,778,869	\$638,835,375	\$4,056,506	1%
2	Less: Allowances	\$368,952,121	\$371,826,407	\$2,874,286	1%
3	Less: Charity Care	\$3,008,857	\$5,660,092	\$2,651,235	88%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$262,817,891	\$261,348,876	(\$1,469,015)	-1%
5	Other Operating Revenue	\$17,287,740	\$18,840,186	\$1,552,446	9%
6	Net Assets Released from Restrictions	\$539,109	\$801,123	\$262,014	49%
	Total Operating Revenue	\$280,644,740	\$280,990,185	\$345,445	0%
B. Operating Expenses:					
1	Salaries and Wages	\$131,341,594	\$134,218,139	\$2,876,545	2%
2	Fringe Benefits	\$32,963,007	\$35,696,855	\$2,733,848	8%
3	Physicians Fees	\$9,010,309	\$10,277,908	\$1,267,599	14%
4	Supplies and Drugs	\$36,249,132	\$35,184,525	(\$1,064,607)	-3%
5	Depreciation and Amortization	\$12,555,983	\$11,898,918	(\$657,065)	-5%
6	Bad Debts	\$11,481,356	\$11,106,480	(\$374,876)	-3%
7	Interest	\$4,489,986	\$4,224,420	(\$265,566)	-6%
8	Malpractice	\$3,192,627	\$2,961,029	(\$231,598)	-7%
9	Other Operating Expenses	\$32,822,418	\$35,379,234	\$2,556,816	8%
	Total Operating Expenses	\$274,106,412	\$280,947,508	\$6,841,096	2%
	Income/(Loss) From Operations	\$6,538,328	\$42,677	(\$6,495,651)	-99%
C. Non-Operating Revenue:					
1	Income from Investments	\$31,935	\$64,607	\$32,672	102%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,817,438)	(\$1,406,203)	\$411,235	-23%
	Total Non-Operating Revenue	(\$1,785,503)	(\$1,341,596)	\$443,907	-25%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$4,752,825	(\$1,298,919)	(\$6,051,744)	-127%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$4,752,825	(\$1,298,919)	(\$6,051,744)	-127%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$261,403,024	\$262,817,891	\$261,348,876
2	Other Operating Revenue	16,912,648	17,826,849	19,641,309
3	Total Operating Revenue	\$278,315,672	\$280,644,740	\$280,990,185
4	Total Operating Expenses	271,196,171	274,106,412	280,947,508
5	Income/(Loss) From Operations	\$7,119,501	\$6,538,328	\$42,677
6	Total Non-Operating Revenue	(3,903,448)	(1,785,503)	(1,341,596)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	2.59%	2.34%	0.02%
2	Parent Corporation Non-Operating Margin	-1.42%	-0.64%	-0.48%
3	Parent Corporation Total Margin	1.17%	1.70%	-0.46%
4	Income/(Loss) From Operations	\$7,119,501	\$6,538,328	\$42,677
5	Total Operating Revenue	\$278,315,672	\$280,644,740	\$280,990,185
6	Total Non-Operating Revenue	(\$3,903,448)	(\$1,785,503)	(\$1,341,596)
7	Total Revenue	\$274,412,224	\$278,859,237	\$279,648,589
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$59,586,141	\$54,654,325	\$41,815,956
2	Parent Corporation Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
3	Parent Corporation Change in Total Net Assets	(\$20,064,906)	(\$3,957,194)	(\$16,314,825)
4	Parent Corporation Change in Total Net Assets %	79.0%	-5.2%	-22.8%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.80	1.39	1.26
2	Total Current Assets	\$78,264,897	\$69,908,525	\$71,146,925
3	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
4	<u>Days Cash on Hand</u>	39	27	28
5	Cash and Cash Equivalents	\$28,001,547	\$19,538,406	\$20,991,180
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$28,001,547	\$19,538,406	\$20,991,180
8	Total Operating Expenses	\$271,196,171	\$274,106,412	\$280,947,508
9	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
10	Operating Expenses less Depreciation Expense	\$258,964,213	\$261,550,429	\$269,048,590
11	<u>Days Revenue in Patient Accounts Receivable</u>	54	55	53
12	Net Patient Accounts Receivable	\$ 38,270,688	\$ 39,411,447	\$ 39,643,428
13	Due From Third Party Payers	\$1,491,255	\$721,274	\$432,832
14	Due To Third Party Payers	\$885,738	\$423,893	\$2,104,534
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 38,876,205	\$ 39,708,828	\$ 37,971,726
16	Total Net Patient Revenue	\$261,403,024	\$262,817,891	\$261,348,876
17	<u>Average Payment Period</u>	61	70	77
18	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
19	Total Operating Expenses	\$271,196,171	\$274,106,412	\$280,947,508
20	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
21	Total Operating Expenses less Depreciation Expense	\$258,964,213	\$261,550,429	\$269,048,590

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	28.8	27.1	21.0
2	Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
3	Total Assets	\$261,632,758	\$263,336,722	\$262,289,689
4	<u>Cash Flow to Total Debt Ratio</u>	12.0	13.1	7.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
6	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,448,011	\$17,308,808	\$10,599,999
8	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
9	Total Long Term Debt	\$85,300,571	\$81,733,082	\$86,635,165
10	Total Current Liabilities and Total Long Term Debt	\$128,846,900	\$132,073,649	\$143,312,950
11	<u>Long Term Debt to Capitalization Ratio</u>	53.1	53.3	61.1
12	Total Long Term Debt	\$85,300,571	\$81,733,082	\$86,635,165
13	Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
14	Total Long Term Debt and Total Net Assets	\$160,734,247	\$153,209,564	\$141,796,822

MANCHESTER MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	21,442	5,536	5,293	82	158	71.6%	37.2%
2	ICU/CCU (Excludes Neonatal ICU)	5,293	685	0	22	25	65.9%	58.0%
3	Psychiatric: Ages 0 to 17	1,348	198	195	5	10	73.9%	36.9%
4	Psychiatric: Ages 18+	8,284	1,218	1,199	26	26	87.3%	87.3%
	TOTAL PSYCHIATRIC	9,632	1,416	1,394	31	36	85.1%	73.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,446	1,261	1,246	15	30	62.9%	31.5%
7	Newborn	3,662	1,068	1,159	21	34	47.8%	29.5%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	39,813	8,213	7,933	150	249	72.7%	43.8%
	TOTAL INPATIENT BED UTILIZATION	43,475	9,281	9,092	171	283	69.7%	42.1%
	TOTAL INPATIENT REPORTED YEAR	43,475	9,281	9,092	171	283	69.7%	42.1%
	TOTAL INPATIENT PRIOR YEAR	44,935	0	0	140	283	87.9%	43.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,460	9,281	9,092	31	0	-18.3%	-1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	0%	0%	22%	0%	-21%	-3%
	Total Licensed Beds and Bassinets	283						
(A) This number may not exceed the number of available beds for each department or in total.								

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,785	4,253	-1,532	-26%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,732	10,204	-1,528	-13%
3	Emergency Department Scans	4,248	3,695	-553	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	21,765	18,152	-3,613	-17%
B. MRI Scans (A)					
1	Inpatient Scans	580	524	-56	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,195	3,143	-52	-2%
3	Emergency Department Scans	65	64	-1	-2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,840	3,731	-109	-3%
C. PET Scans (A)					
1	Inpatient Scans	0	2	2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	136	2	-134	-99%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	136	4	-132	-97%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	237	409	172	73%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	237	409	172	73%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	2	2	0%
2	Outpatient Studies	94	98	4	4%
	Total Electrophysiology Studies	94	100	6	6%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,827	1,596	-231	-13%
2	Outpatient Surgical Procedures	5,240	5,099	-141	-3%
	Total Surgical Procedures	7,067	6,695	-372	-5%
J. Endoscopy Procedures					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	655	520	-135	-21%
2	Outpatient Endoscopy Procedures	6,663	6,418	-245	-4%
	Total Endoscopy Procedures	7,318	6,938	-380	-5%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,340	5,332	-8	0%
2	Emergency Room Visits: Treated and Discharged	40,946	42,502	1,556	4%
	Total Emergency Room Visits	46,286	47,834	1,548	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	64,882	75,062	10,180	16%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	64,882	75,062	10,180	16%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	69,401	67,913	-1,488	-2%
2	Cardiology	7,920	7,230	-690	-9%
3	Chemotherapy	595	538	-57	-10%
4	Gastroenterology	6,663	6,418	-245	-4%
5	Other Outpatient Visits	43,740	39,867	-3,873	-9%
	Total Other Hospital Outpatient Visits	128,319	121,966	-6,353	-5%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	340.4	321.0	-19.4	-6%
2	Total Physician FTEs	13.3	16.7	3.4	26%
3	Total Non-Nursing and Non-Physician FTEs	793.2	801.2	8.0	1%
	Total Hospital Full Time Equivalent Employees	1,146.9	1,138.9	-8.0	-1%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	5,240	5,099	-141	-3%
	Total Outpatient Surgical Procedures(A)	5,240	5,099	-141	-3%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	6,663	6,418	-245	-4%
	Total Outpatient Endoscopy Procedures(B)	6,663	6,418	-245	-4%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	40,946	42,502	1,556	4%
	Total Outpatient Hospital Emergency Room Visits(C)	40,946	42,502	1,556	4%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$91,363,204	\$81,439,769	(\$9,923,435)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,991,274	\$30,670,179	(\$5,321,095)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.39%	37.66%	-1.73%	-4%
4	DISCHARGES	3,774	3,626	(148)	-4%
5	CASE MIX INDEX (CMI)	1.45901	1.36730	(0.09171)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,506.30374	4,957.82980	(548.47394)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,536.38	\$6,186.21	(\$350.17)	-5%
8	PATIENT DAYS	22,745	20,921	(1,824)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,582.38	\$1,466.00	(\$116.38)	-7%
10	AVERAGE LENGTH OF STAY	6.0	5.8	(0.3)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$88,314,303	\$90,726,985	\$2,412,682	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,579,933	\$24,331,083	(\$1,248,850)	-5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.96%	26.82%	-2.15%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	96.66%	111.40%	14.74%	15%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,648.05704	4,039.50124	391.44420	11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,011.93	\$6,023.29	(\$988.64)	-14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$179,677,507	\$172,166,754	(\$7,510,753)	-4%
18	TOTAL ACCRUED PAYMENTS	\$61,571,207	\$55,001,262	(\$6,569,945)	-11%
19	TOTAL ALLOWANCES	\$118,106,300	\$117,165,492	(\$940,808)	-1%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$47,309,650	\$44,280,158	(\$3,029,492)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,611,239	\$25,821,229	\$1,209,990	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.02%	58.31%	6.29%	12%
4	DISCHARGES	3,650	3,754	104	3%
5	CASE MIX INDEX (CMI)	1.01037	0.98160	(0.02877)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,687.85050	3,684.92640	(2.92410)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,673.60	\$7,007.26	\$333.66	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$137.22)	(\$821.05)	(\$683.82)	498%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$506,060)	(\$3,025,498)	(\$2,519,439)	498%
10	PATIENT DAYS	13,952	13,397	(555)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,763.99	\$1,927.39	\$163.40	9%
12	AVERAGE LENGTH OF STAY	3.8	3.6	(0.3)	-7%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$128,521,572	\$131,255,039	\$2,733,467	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$56,072,777	\$59,270,269	\$3,197,492	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.63%	45.16%	1.53%	4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	271.66%	296.42%	24.76%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,915.60364	11,127.58939	1,211.98575	12%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,655.00	\$5,326.42	(\$328.58)	-6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$1,356.93	\$696.86	(\$660.07)	-49%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,454,775	\$7,754,417	(\$5,700,359)	-42%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$175,831,222	\$175,535,197	(\$296,025)	0%
22	TOTAL ACCRUED PAYMENTS	\$80,684,016	\$85,091,498	\$4,407,482	5%
23	TOTAL ALLOWANCES	\$95,147,206	\$90,443,699	(\$4,703,507)	-5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,948,715	\$4,728,918	(\$8,219,797)	-63%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$175,831,221	\$175,535,197	(\$296,024)	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$80,709,016	\$85,091,498	\$4,382,482	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,122,205	\$90,443,699	(\$4,678,506)	-5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.10%	51.52%	-2.57%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$3,498,834	\$2,596,225	(\$902,609)	-26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$834,918	\$37,680	(\$797,238)	-95%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.86%	1.45%	-22.41%	-94%
4	DISCHARGES	185	216	31	17%
5	CASE MIX INDEX (CMI)	1.09763	1.03110	(0.06653)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	203.06155	222.71760	19.65605	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,111.65	\$169.18	(\$3,942.47)	-96%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$2,561.95	\$6,838.07	\$4,276.12	167%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,424.73	\$6,017.03	\$3,592.30	148%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$492,369	\$1,340,098	\$847,729	172%
11	PATIENT DAYS	1,019	1,246	227	22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$819.35	\$30.24	(\$789.11)	-96%
13	AVERAGE LENGTH OF STAY	5.5	5.8	0.3	5%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,874,148	\$8,757,284	(\$116,864)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,589,004	\$312,777	(\$2,276,227)	-88%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.17%	3.57%	-25.60%	-88%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	253.63%	337.31%	83.68%	33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	469,21843	728,58606	259,36763	55%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,517.69	\$429.29	(\$5,088.40)	-92%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$137.31	\$4,897.13	\$4,759.82	3466%
21	MEDICARE - UNINSURED OP PMT / OPED	\$1,494.24	\$5,594.00	\$4,099.76	274%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$701,124	\$4,075,707	\$3,374,583	481%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$12,372,982	\$11,353,509	(\$1,019,473)	-8%
24	TOTAL ACCRUED PAYMENTS	\$3,423,922	\$350,457	(\$3,073,465)	-90%
25	TOTAL ALLOWANCES	\$8,949,060	\$11,003,052	\$2,053,992	23%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,193,493	\$5,415,805	\$4,222,312	354%

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D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$16,153,216	\$24,140,325	\$7,987,109	49%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,589,437	\$8,706,248	\$3,116,811	56%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.60%	36.07%	1.46%	4%
4	DISCHARGES	1,295	1,854	559	43%
5	CASE MIX INDEX (CMI)	0.91631	0.92750	0.01119	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,186.62145	1,719.58500	532.96355	45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,710.38	\$5,062.99	\$352.61	7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,963.22	\$1,944.26	(\$18.96)	-1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,826.00	\$1,123.22	(\$702.78)	-38%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,166,767	\$1,931,467	(\$235,301)	-11%
11	PATIENT DAYS	6,138	8,967	2,829	46%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$910.63	\$970.92	\$60.29	7%
13	AVERAGE LENGTH OF STAY	4.7	4.8	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,898,877	\$47,679,210	\$15,780,333	49%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,248,919	\$9,817,745	\$2,568,826	35%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.72%	20.59%	-2.13%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.48%	197.51%	0.03%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,557.32640	3,661.80883	1,104.48243	43%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,834.57	\$2,681.12	(\$153.45)	-5%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,820.43	\$2,645.31	(\$175.13)	-6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,177.36	\$3,342.17	(\$835.19)	-20%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,682,883	\$12,238,388	\$1,555,504	15%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$48,052,093	\$71,819,535	\$23,767,442	49%
24	TOTAL ACCRUED PAYMENTS	\$12,838,356	\$18,523,993	\$5,685,637	44%
25	TOTAL ALLOWANCES	\$35,213,737	\$53,295,542	\$18,081,805	51%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,849,651	\$14,169,854	\$1,320,204	10%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,261,546	\$0	(\$5,261,546)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,523,482	\$0	(\$1,523,482)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.96%	0.00%	-28.96%	-100%
4	DISCHARGES	356	-	(356)	-100%
5	CASE MIX INDEX (CMI)	0.98725	0.00000	(0.98725)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	351.46100	0.00000	(351.46100)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,334.71	\$0.00	(\$4,334.71)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,338.89	\$7,007.26	\$4,668.37	200%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,201.67	\$6,186.21	\$3,984.55	181%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$773,799	\$0	(\$773,799)	-100%
11	PATIENT DAYS	1,973	0	(1,973)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$772.17	\$0.00	(\$772.17)	-100%
13	AVERAGE LENGTH OF STAY	5.5	-	(5.5)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,892,163	\$0	(\$8,892,163)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,529,939	\$0	(\$1,529,939)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.21%	0.00%	-17.21%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	169.00%	0.00%	-169.00%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	601.65017	0.00000	(601.65017)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,542.90	\$0.00	(\$2,542.90)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$3,112.10	\$5,326.42	\$2,214.33	71%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,469.03	\$6,023.29	\$1,554.26	35%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,688,792	\$0	(\$2,688,792)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$14,153,709	\$0	(\$14,153,709)	-100%
24	TOTAL ACCRUED PAYMENTS	\$3,053,421	\$0	(\$3,053,421)	-100%
25	TOTAL ALLOWANCES	\$11,100,288	\$0	(\$11,100,288)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,462,591	\$0	(\$3,462,591)	-100%

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F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$21,414,762	\$24,140,325	\$2,725,563	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,112,919	\$8,706,248	\$1,593,329	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.22%	36.07%	2.85%	9%
4	DISCHARGES	1,651	1,854	203	12%
5	CASE MIX INDEX (CMI)	0.93161	0.92750	(0.00411)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,538.08245	1,719.58500	181.50255	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,624.54	\$5,062.99	\$438.46	9%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,049.06	\$1,944.26	(\$104.80)	-5%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,911.84	\$1,123.22	(\$788.62)	-41%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,940,567	\$1,931,467	(\$1,009,100)	-34%
11	PATIENT DAYS	8,111	8,967	856	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$876.95	\$970.92	\$93.97	11%
13	AVERAGE LENGTH OF STAY	4.9	4.8	(0.1)	-2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$40,791,040	\$47,679,210	\$6,888,170	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,778,858	\$9,817,745	\$1,038,887	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.52%	20.59%	-0.93%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	190.48%	197.51%	7.03%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,158.97657	3,661.80883	502.83227	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,779.02	\$2,681.12	(\$97.90)	-4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,875.98	\$2,645.31	(\$230.68)	-8%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,232.91	\$3,342.17	(\$890.74)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,371,675	\$12,238,388	(\$1,133,288)	-8%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$62,205,802	\$71,819,535	\$9,613,733	15%
24	TOTAL ACCRUED PAYMENTS	\$15,891,777	\$18,523,993	\$2,632,216	17%
25	TOTAL ALLOWANCES	\$46,314,025	\$53,295,542	\$6,981,517	15%

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LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$431,607	\$493,077	\$61,470	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$262,414	\$240,067	(\$22,347)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	60.80%	48.69%	-12.11%	-20%
4	DISCHARGES	34	47	13	38%
5	CASE MIX INDEX (CMI)	0.89983	0.84570	(0.05413)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	30.59422	39.74790	9.15368	30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,577.24	\$6,039.74	(\$2,537.50)	-30%
8	PATIENT DAYS	127	190	63	50%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,066.25	\$1,263.51	(\$802.74)	-39%
10	AVERAGE LENGTH OF STAY	3.7	4.0	0.3	8%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,049,235	\$1,306,300	\$257,065	25%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$539,270	\$1,014,912	\$475,642	88%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,480,842	\$1,799,377	\$318,535	22%
14	TOTAL ACCRUED PAYMENTS	\$801,684	\$1,254,979	\$453,295	57%
15	TOTAL ALLOWANCES	\$679,158	\$544,398	(\$134,760)	-20%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$10,448,262	\$13,148,358	\$2,700,096	26%
2	TOTAL OPERATING EXPENSES	\$170,234,748	\$173,322,666	\$3,087,918	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$649,453	\$0	(\$649,453)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$2,236,613	\$4,838,371	\$2,601,758	116%
5	BAD DEBTS (CHARGES)	\$6,712,599	\$6,164,670	(\$547,929)	-8%
6	UNCOMPENSATED CARE (CHARGES)	\$8,949,212	\$11,003,041	\$2,053,829	23%
7	COST OF UNCOMPENSATED CARE	\$3,216,669	\$3,887,793	\$671,124	21%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$62,205,802	\$71,819,535	\$9,613,733	15%
9	TOTAL ACCRUED PAYMENTS	\$15,891,777	\$18,523,993	\$2,632,216	17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$22,359,007	\$25,376,574	\$3,017,567	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,467,230	\$6,852,581	\$385,351	6%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$160,519,223	\$150,353,329	(\$10,165,894)	-6%
2	TOTAL INPATIENT PAYMENTS	\$67,977,846	\$65,437,723	(\$2,540,123)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.35%	43.52%	1.17%	3%
4	TOTAL DISCHARGES	9,109	9,281	172	2%
5	TOTAL CASE MIX INDEX	1.18156	1.12079	(0.06077)	-5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,762,83091	10,402,08910	(360,74181)	-3%
7	TOTAL OUTPATIENT CHARGES	\$258,676,150	\$270,967,534	\$12,291,384	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	161.15%	180.22%	19.07%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$90,970,838	\$94,434,009	\$3,463,171	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.17%	34.85%	-0.32%	-1%
11	TOTAL CHARGES	\$419,195,373	\$421,320,863	\$2,125,490	1%
12	TOTAL PAYMENTS	\$158,948,684	\$159,871,732	\$923,048	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.92%	37.95%	0.03%	0%
14	PATIENT DAYS	44,935	43,475	(1,460)	-3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$113,209,573	\$106,073,171	(\$7,136,402)	-6%
2	INPATIENT PAYMENTS	\$43,366,607	\$39,616,494	(\$3,750,113)	-9%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.31%	37.35%	-0.96%	-3%
4	DISCHARGES	5,459	5,527	68	1%
5	CASE MIX INDEX	1.29602	1.21534	(0.08069)	-6%
6	CASE MIX ADJUSTED DISCHARGES	7,074.98041	6,717.16270	(357.81771)	-5%
7	OUTPATIENT CHARGES	\$130,154,578	\$139,712,495	\$9,557,917	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	114.97%	131.71%	16.75%	15%
9	OUTPATIENT PAYMENTS	\$34,898,061	\$35,163,740	\$265,679	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.81%	25.17%	-1.64%	-6%
11	TOTAL CHARGES	\$243,364,151	\$245,785,666	\$2,421,515	1%
12	TOTAL PAYMENTS	\$78,264,668	\$74,780,234	(\$3,484,434)	-4%
13	TOTAL PAYMENTS / CHARGES	32.16%	30.42%	-1.73%	-5%
14	PATIENT DAYS	30,983	30,078	(905)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$165,099,483	\$171,005,432	\$5,905,949	4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.0	5.8	(0.3)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.6	(0.3)	-7%
3	UNINSURED	5.5	5.8	0.3	5%
4	MEDICAID	4.7	4.8	0.1	2%
5	OTHER MEDICAL ASSISTANCE	5.5	-	(5.5)	-100%
6	CHAMPUS / TRICARE	3.7	4.0	0.3	8%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	4.7	(0.2)	-5%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$419,195,373	\$421,320,863	\$2,125,490	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$165,099,483	\$171,005,432	\$5,905,949	4%
3	UNCOMPENSATED CARE	\$8,949,212	\$11,003,041	\$2,053,829	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,122,205	\$90,443,699	(\$4,678,506)	-5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$269,170,900	\$272,452,172	\$3,281,272	1%
7	TOTAL ACCRUED PAYMENTS	\$150,024,473	\$148,868,691	(\$1,155,782)	-1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$649,453	\$0	(\$649,453)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$150,673,926	\$148,868,691	(\$1,805,235)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3594360427	0.3533380473	(0.0060979955)	-2%
11	COST OF UNCOMPENSATED CARE	\$3,216,669	\$3,887,793	\$671,124	21%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,467,230	\$6,852,581	\$385,351	6%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,683,900	\$10,740,374	\$1,056,475	11%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$10,682,883	\$12,238,388	\$1,555,504	15%
2	OTHER MEDICAL ASSISTANCE	\$3,462,591	\$0	(\$3,462,591)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,193,493	\$5,415,805	\$4,222,312	354%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,338,968	\$17,654,193	\$2,315,225	15%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,712,600	\$6,730,528	\$17,928	0.27%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$166,310,748	\$166,602,260	\$291,512	0.18%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$419,195,385	\$421,320,863	\$2,125,478	0.51%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,949,213	\$11,003,044	\$2,053,831	22.95%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,309,650	\$44,280,158	(\$3,029,492)
2	MEDICARE	\$91,363,204	81,439,769	(\$9,923,435)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,414,762	24,140,325	\$2,725,563
4	MEDICAID	\$16,153,216	24,140,325	\$7,987,109
5	OTHER MEDICAL ASSISTANCE	\$5,261,546	0	(\$5,261,546)
6	CHAMPUS / TRICARE	\$431,607	493,077	\$61,470
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,498,834	2,596,225	(\$902,609)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$113,209,573	\$106,073,171	(\$7,136,402)
	TOTAL INPATIENT CHARGES	\$160,519,223	\$150,353,329	(\$10,165,894)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$128,521,572	\$131,255,039	\$2,733,467
2	MEDICARE	\$88,314,303	90,726,985	\$2,412,682
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,791,040	47,679,210	\$6,888,170
4	MEDICAID	\$31,898,877	47,679,210	\$15,780,333
5	OTHER MEDICAL ASSISTANCE	\$8,892,163	0	(\$8,892,163)
6	CHAMPUS / TRICARE	\$1,049,235	1,306,300	\$257,065
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,874,148	8,757,284	(\$116,864)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$130,154,578	\$139,712,495	\$9,557,917
	TOTAL OUTPATIENT CHARGES	\$258,676,150	\$270,967,534	\$12,291,384
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$175,831,222	\$175,535,197	(\$296,025)
2	TOTAL MEDICARE	\$179,677,507	\$172,166,754	(\$7,510,753)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,205,802	\$71,819,535	\$9,613,733
4	TOTAL MEDICAID	\$48,052,093	\$71,819,535	\$23,767,442
5	TOTAL OTHER MEDICAL ASSISTANCE	\$14,153,709	\$0	(\$14,153,709)
6	TOTAL CHAMPUS / TRICARE	\$1,480,842	\$1,799,377	\$318,535
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,372,982	\$11,353,509	(\$1,019,473)
	TOTAL GOVERNMENT CHARGES	\$243,364,151	\$245,785,666	\$2,421,515
	TOTAL CHARGES	\$419,195,373	\$421,320,863	\$2,125,490
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,611,239	\$25,821,229	\$1,209,990
2	MEDICARE	\$35,991,274	30,670,179	(\$5,321,095)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,112,919	8,706,248	\$1,593,329
4	MEDICAID	\$5,589,437	8,706,248	\$3,116,811
5	OTHER MEDICAL ASSISTANCE	\$1,523,482	0	(\$1,523,482)
6	CHAMPUS / TRICARE	\$262,414	240,067	(\$22,347)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$834,918	37,680	(\$797,238)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,366,607	\$39,616,494	(\$3,750,113)
	TOTAL INPATIENT PAYMENTS	\$67,977,846	\$65,437,723	(\$2,540,123)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,072,777	\$59,270,269	\$3,197,492
2	MEDICARE	\$25,579,933	24,331,083	(\$1,248,850)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,778,858	9,817,745	\$1,038,887
4	MEDICAID	\$7,248,919	9,817,745	\$2,568,826
5	OTHER MEDICAL ASSISTANCE	\$1,529,939	0	(\$1,529,939)
6	CHAMPUS / TRICARE	\$539,270	1,014,912	\$475,642
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,589,004	312,777	(\$2,276,227)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,898,061	\$35,163,740	\$265,679
	TOTAL OUTPATIENT PAYMENTS	\$90,970,838	\$94,434,009	\$3,463,171
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$80,684,016	\$85,091,498	\$4,407,482
2	TOTAL MEDICARE	\$61,571,207	\$55,001,262	(\$6,569,945)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,891,777	\$18,523,993	\$2,632,216
4	TOTAL MEDICAID	\$12,838,356	\$18,523,993	\$5,685,637
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,053,421	\$0	(\$3,053,421)
6	TOTAL CHAMPUS / TRICARE	\$801,684	\$1,254,979	\$453,295
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,423,922	\$350,457	(\$3,073,465)
	TOTAL GOVERNMENT PAYMENTS	\$78,264,668	\$74,780,234	(\$3,484,434)
	TOTAL PAYMENTS	\$158,948,684	\$159,871,732	\$923,048

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.29%	10.51%	-0.78%
2	MEDICARE	21.79%	19.33%	-2.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.11%	5.73%	0.62%
4	MEDICAID	3.85%	5.73%	1.88%
5	OTHER MEDICAL ASSISTANCE	1.26%	0.00%	-1.26%
6	CHAMPUS / TRICARE	0.10%	0.12%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83%	0.62%	-0.22%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.01%	25.18%	-1.83%
	TOTAL INPATIENT PAYER MIX	38.29%	35.69%	-2.61%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.66%	31.15%	0.49%
2	MEDICARE	21.07%	21.53%	0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.73%	11.32%	1.59%
4	MEDICAID	7.61%	11.32%	3.71%
5	OTHER MEDICAL ASSISTANCE	2.12%	0.00%	-2.12%
6	CHAMPUS / TRICARE	0.25%	0.31%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.12%	2.08%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	31.05%	33.16%	2.11%
	TOTAL OUTPATIENT PAYER MIX	61.71%	64.31%	2.61%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.48%	16.15%	0.67%
2	MEDICARE	22.64%	19.18%	-3.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.47%	5.45%	0.97%
4	MEDICAID	3.52%	5.45%	1.93%
5	OTHER MEDICAL ASSISTANCE	0.96%	0.00%	-0.96%
6	CHAMPUS / TRICARE	0.17%	0.15%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	0.02%	-0.50%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.28%	24.78%	-2.50%
	TOTAL INPATIENT PAYER MIX	42.77%	40.93%	-1.84%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.28%	37.07%	1.80%
2	MEDICARE	16.09%	15.22%	-0.87%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.52%	6.14%	0.62%
4	MEDICAID	4.56%	6.14%	1.58%
5	OTHER MEDICAL ASSISTANCE	0.96%	0.00%	-0.96%
6	CHAMPUS / TRICARE	0.34%	0.63%	0.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.63%	0.20%	-1.43%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.96%	21.99%	0.04%
	TOTAL OUTPATIENT PAYER MIX	57.23%	59.07%	1.84%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,650	3,754	104
2	MEDICARE	3,774	3,626	(148)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,651	1,854	203
4	MEDICAID	1,295	1,854	559
5	OTHER MEDICAL ASSISTANCE	356	0	(356)
6	CHAMPUS / TRICARE	34	47	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	185	216	31
	TOTAL GOVERNMENT DISCHARGES	5,459	5,527	68
	TOTAL DISCHARGES	9,109	9,281	172
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,952	13,397	(555)
2	MEDICARE	22,745	20,921	(1,824)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,111	8,967	856
4	MEDICAID	6,138	8,967	2,829
5	OTHER MEDICAL ASSISTANCE	1,973	0	(1,973)
6	CHAMPUS / TRICARE	127	190	63
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,019	1,246	227
	TOTAL GOVERNMENT PATIENT DAYS	30,983	30,078	(905)
	TOTAL PATIENT DAYS	44,935	43,475	(1,460)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.6	(0.3)
2	MEDICARE	6.0	5.8	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.8	(0.1)
4	MEDICAID	4.7	4.8	0.1
5	OTHER MEDICAL ASSISTANCE	5.5	0.0	(5.5)
6	CHAMPUS / TRICARE	3.7	4.0	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.5	5.8	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.7	5.4	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.9	4.7	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.01037	0.98160	(0.02877)
2	MEDICARE	1.45901	1.36730	(0.09171)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93161	0.92750	(0.00411)
4	MEDICAID	0.91631	0.92750	0.01119
5	OTHER MEDICAL ASSISTANCE	0.98725	0.00000	(0.98725)
6	CHAMPUS / TRICARE	0.89983	0.84570	(0.05413)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09763	1.03110	(0.06653)
	TOTAL GOVERNMENT CASE MIX INDEX	1.29602	1.21534	(0.08069)
	TOTAL CASE MIX INDEX	1.18156	1.12079	(0.06077)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,831,221	\$175,535,197	(\$296,024)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$80,709,016	\$85,091,498	\$4,382,482
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,122,205	\$90,443,699	(\$4,678,506)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.10%	51.52%	-2.57%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$649,453	\$0	(\$649,453)
8	CHARITY CARE	\$2,236,613	\$4,838,371	\$2,601,758
9	BAD DEBTS	\$6,712,599	\$6,164,670	(\$547,929)
10	TOTAL UNCOMPENSATED CARE	\$8,949,212	\$11,003,041	\$2,053,829
11	TOTAL OTHER OPERATING REVENUE	\$175,831,221	\$175,535,197	(\$296,024)
12	TOTAL OPERATING EXPENSES	\$170,234,748	\$173,322,666	\$3,087,918

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,687.85050	3,684.92640	(2.92410)
2	MEDICARE	5,506.30374	4,957.82980	(548.47394)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,538.08245	1,719.58500	181.50255
4	MEDICAID	1,186.62145	1,719.58500	532.96355
5	OTHER MEDICAL ASSISTANCE	351.46100	0.00000	(351.46100)
6	CHAMPUS / TRICARE	30.59422	39.74790	9.15368
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	203.06155	222.71760	19.65605
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	7,074.98041	6,717.16270	(357.81771)
	TOTAL CASE MIX ADJUSTED DISCHARGES	10,762.83091	10,402.08910	(360.74181)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,915.60364	11,127.58939	1,211.98575
2	MEDICARE	3,648.05704	4,039.50124	391.44420
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,158.97657	3,661.80883	502.83227
4	MEDICAID	2,557.32640	3,661.80883	1,104.48243
5	OTHER MEDICAL ASSISTANCE	601.65017	0.00000	-601.65017
6	CHAMPUS / TRICARE	82.65387	124.51625	41.86238
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	469.21843	728.58606	259.36763
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,889.68748	7,825.82632	936.13884
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	16,805.29112	18,953.41571	2,148.12459
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,673.60	\$7,007.26	\$333.66
2	MEDICARE	\$6,536.38	\$6,186.21	(\$350.17)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,624.54	\$5,062.99	\$438.46
4	MEDICAID	\$4,710.38	\$5,062.99	\$352.61
5	OTHER MEDICAL ASSISTANCE	\$4,334.71	\$0.00	(\$4,334.71)
6	CHAMPUS / TRICARE	\$8,577.24	\$6,039.74	(\$2,537.50)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,111.65	\$169.18	(\$3,942.47)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,129.57	\$5,897.80	(\$231.77)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,315.98	\$6,290.83	(\$25.16)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,655.00	\$5,326.42	(\$328.58)
2	MEDICARE	\$7,011.93	\$6,023.29	(\$988.64)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,779.02	\$2,681.12	(\$97.90)
4	MEDICAID	\$2,834.57	\$2,681.12	(\$153.45)
5	OTHER MEDICAL ASSISTANCE	\$2,542.90	\$0.00	(\$2,542.90)
6	CHAMPUS / TRICARE	\$6,524.44	\$8,150.84	\$1,626.40
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,517.69	\$429.29	(\$5,088.40)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,065.26	\$4,493.29	(\$571.97)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,413.23	\$4,982.43	(\$430.80)

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$10,682,883	\$12,238,388	\$1,555,504
2	OTHER MEDICAL ASSISTANCE	\$3,462,591	\$0	(\$3,462,591)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,193,493	\$5,415,805	\$4,222,312
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$15,338,968	\$17,654,193	\$2,315,225
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$419,195,373	\$421,320,863	\$2,125,490
2	TOTAL GOVERNMENT DEDUCTIONS	\$165,099,483	\$171,005,432	\$5,905,949
3	UNCOMPENSATED CARE	\$8,949,212	\$11,003,041	\$2,053,829
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,122,205	\$90,443,699	(\$4,678,506)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$269,170,900	\$272,452,172	\$3,281,272
7	TOTAL ACCRUED PAYMENTS	\$150,024,473	\$148,868,691	(\$1,155,782)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$649,453	\$0	(\$649,453)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$150,673,926	\$148,868,691	(\$1,805,235)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3594360427	0.3533380473	(0.0060979955)
11	COST OF UNCOMPENSATED CARE	\$3,216,669	\$3,887,793	\$671,124
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$6,467,230	\$6,852,581	\$385,351
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,683,900	\$10,740,374	\$1,056,475
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.02%	58.31%	6.29%
2	MEDICARE	39.39%	37.66%	-1.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33.22%	36.07%	2.85%
4	MEDICAID	34.60%	36.07%	1.46%
5	OTHER MEDICAL ASSISTANCE	28.96%	0.00%	-28.96%
6	CHAMPUS / TRICARE	60.80%	48.69%	-12.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23.86%	1.45%	-22.41%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.31%	37.35%	-0.96%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.35%	43.52%	1.17%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.63%	45.16%	1.53%
2	MEDICARE	28.96%	26.82%	-2.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.52%	20.59%	-0.93%
4	MEDICAID	22.72%	20.59%	-2.13%
5	OTHER MEDICAL ASSISTANCE	17.21%	0.00%	-17.21%
6	CHAMPUS / TRICARE	51.40%	77.69%	26.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29.17%	3.57%	-25.60%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.81%	25.17%	-1.64%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.17%	34.85%	-0.32%

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$158,948,684	\$159,871,732	\$923,048
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$649,453	\$0	(\$649,453)
	OHCA DEFINED NET REVENUE	\$159,598,137	\$159,871,732	\$273,595
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,712,600	\$6,730,528	\$17,928
4	CALCULATED NET REVENUE	\$166,310,737	\$166,602,260	\$291,523
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$166,310,748	\$166,602,260	\$291,512
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$11)	\$0	\$11
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$419,195,373	\$421,320,863	\$2,125,490
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$419,195,373	\$421,320,863	\$2,125,490
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$419,195,385	\$421,320,863	\$2,125,478
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$12)	\$0	\$12
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,949,212	\$11,003,041	\$2,053,829
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,949,212	\$11,003,041	\$2,053,829
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,949,213	\$11,003,044	\$2,053,831
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	(\$3)	(\$2)

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,280,158
2	MEDICARE	81,439,769
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,140,325
4	MEDICAID	24,140,325
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	493,077
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,596,225
	TOTAL INPATIENT GOVERNMENT CHARGES	\$106,073,171
	TOTAL INPATIENT CHARGES	\$150,353,329
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$131,255,039
2	MEDICARE	90,726,985
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,679,210
4	MEDICAID	47,679,210
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,306,300
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,757,284
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$139,712,495
	TOTAL OUTPATIENT CHARGES	\$270,967,534
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$175,535,197
2	TOTAL GOVERNMENT ACCRUED CHARGES	245,785,666
	TOTAL ACCRUED CHARGES	\$421,320,863
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,821,229
2	MEDICARE	30,670,179
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,706,248
4	MEDICAID	8,706,248
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	240,067
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	37,680
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$39,616,494
	TOTAL INPATIENT PAYMENTS	\$65,437,723
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,270,269
2	MEDICARE	24,331,083
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,817,745
4	MEDICAID	9,817,745
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,014,912
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	312,777
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$35,163,740
	TOTAL OUTPATIENT PAYMENTS	\$94,434,009
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$85,091,498
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	74,780,234
	TOTAL ACCRUED PAYMENTS	\$159,871,732

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,754
2	MEDICARE	3,626
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,854
4	MEDICAID	1,854
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	47
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	216
	TOTAL GOVERNMENT DISCHARGES	5,527
	TOTAL DISCHARGES	9,281
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98160
2	MEDICARE	1.36730
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92750
4	MEDICAID	0.92750
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.84570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03110
	TOTAL GOVERNMENT CASE MIX INDEX	1.21534
	TOTAL CASE MIX INDEX	1.12079
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,535,197
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$85,091,498
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,443,699
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$4,838,371
9	BAD DEBTS	\$6,164,670
10	TOTAL UNCOMPENSATED CARE	\$11,003,041
11	TOTAL OTHER OPERATING REVENUE	\$13,148,358
12	TOTAL OPERATING EXPENSES	\$173,322,666

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$159,871,732
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$159,871,732
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,730,528
	CALCULATED NET REVENUE	\$166,602,260
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$166,602,260
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$421,320,863
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$421,320,863
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$421,320,863
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,003,041
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,003,041
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,003,044
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	791	2,613	1,822	230%
2	Number of Approved Applicants	675	2,478	1,803	267%
3	Total Charges (A)	\$2,236,613	\$4,838,371	\$2,601,758	116%
4	Average Charges	\$3,314	\$1,953	(\$1,361)	-41%
5	Ratio of Cost to Charges (RCC)	0.404536	0.396223	(0.008313)	-2%
6	Total Cost	\$904,790	\$1,917,074	\$1,012,283	112%
7	Average Cost	\$1,340	\$774	(\$567)	-42%
8	Charity Care - Inpatient Charges	\$862,332	\$831,297	(\$31,035)	-4%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	404,291	1,204,601	800,310	198%
10	Charity Care - Emergency Department Charges	969,990	2,802,473	1,832,483	189%
11	Total Charges (A)	\$2,236,613	\$4,838,371	\$2,601,758	116%
12	Charity Care - Number of Patient Days	883	746	(137)	-16%
13	Charity Care - Number of Discharges	142	140	(2)	-1%
14	Charity Care - Number of Outpatient ED Visits	707	2,413	1,706	241%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,248	1,026	(222)	-18%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,742,587	\$1,475,620	(\$266,967)	-15%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,507,916	3,279,431	(228,485)	-7%
3	Bad Debts - Emergency Department	1,462,096	1,409,619	(52,477)	-4%
4	Total Bad Debts (A)	\$6,712,599	\$6,164,670	(\$547,929)	-8%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$2,236,613	\$4,838,371	\$2,601,758	116%
2	Bad Debts (A)	6,712,599	6,164,670	(547,929)	-8%
3	Total Uncompensated Care (A)	\$8,949,212	\$11,003,041	\$2,053,829	23%
4	Uncompensated Care - Inpatient Services	\$2,604,919	\$2,306,917	(\$298,002)	-11%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,912,207	4,484,032	571,825	15%
6	Uncompensated Care - Emergency Department	2,432,086	4,212,092	1,780,006	73%
7	Total Uncompensated Care (A)	\$8,949,212	\$11,003,041	\$2,053,829	23%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$159,437,227	\$160,519,223	\$150,353,329
2	Outpatient Gross Revenue	\$250,774,269	\$258,676,150	\$270,967,534
3	Total Gross Patient Revenue	\$410,211,496	\$419,195,373	\$421,320,863
4	Net Patient Revenue	\$167,264,862	\$166,310,748	\$166,602,260
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$170,017,184	\$170,234,748	\$173,322,666
C. <u>Utilization Statistics</u>				
1	Patient Days	44,631	44,935	43,475
2	Discharges	8,989	9,109	9,281
3	Average Length of Stay	5.0	4.9	4.7
4	Equivalent (Adjusted) Patient Days (EPD)	114,830	117,348	121,826
0	Equivalent (Adjusted) Discharges (ED)	23,128	23,788	26,007
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.23177	1.18156	1.12079
2	Case Mix Adjusted Patient Days (CMAPD)	54,975	53,093	48,727
3	Case Mix Adjusted Discharges (CMAD)	11,072	10,763	10,402
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	141,444	138,653	136,542
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,488	28,107	29,149
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,191	\$9,329	\$9,691
2	Total Gross Revenue per Discharge	\$45,635	\$46,020	\$45,396
3	Total Gross Revenue per EPD	\$3,572	\$3,572	\$3,458
4	Total Gross Revenue per ED	\$17,737	\$17,622	\$16,200
5	Total Gross Revenue per CMAEPD	\$2,900	\$3,023	\$3,086
6	Total Gross Revenue per CMAED	\$14,400	\$14,914	\$14,454
7	Inpatient Gross Revenue per EPD	\$1,388	\$1,368	\$1,234
8	Inpatient Gross Revenue per ED	\$6,894	\$6,748	\$5,781

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,748	\$3,701	\$3,832
2	Net Patient Revenue per Discharge	\$18,608	\$18,258	\$17,951
3	Net Patient Revenue per EPD	\$1,457	\$1,417	\$1,368
4	Net Patient Revenue per ED	\$7,232	\$6,991	\$6,406
5	Net Patient Revenue per CMAEPD	\$1,183	\$1,199	\$1,220
6	Net Patient Revenue per CMAED	\$5,871	\$5,917	\$5,716
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,809	\$3,788	\$3,987
2	Total Operating Expense per Discharge	\$18,914	\$18,689	\$18,675
3	Total Operating Expense per EPD	\$1,481	\$1,451	\$1,423
4	Total Operating Expense per ED	\$7,351	\$7,156	\$6,664
5	Total Operating Expense per CMAEPD	\$1,202	\$1,228	\$1,269
6	Total Operating Expense per CMAED	\$5,968	\$6,057	\$5,946
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$25,078,004	\$25,806,971	\$26,184,283
2	Nursing Fringe Benefits Expense	\$6,834,320	\$7,915,769	\$8,134,838
3	Total Nursing Salary and Fringe Benefits Expense	\$31,912,324	\$33,722,740	\$34,319,121
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,313,901	\$5,482,881	\$5,856,368
2	Physician Fringe Benefits Expense	\$1,448,158	\$1,592,038	\$1,698,577
3	Total Physician Salary and Fringe Benefits Expense	\$6,762,059	\$7,074,919	\$7,554,945
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$44,702,900	\$43,826,502	\$45,540,909
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$12,182,546	\$11,482,677	\$11,946,049
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$56,885,446	\$55,309,179	\$57,486,958
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$75,094,805	\$75,116,354	\$77,581,560
2	Total Fringe Benefits Expense	\$20,465,024	\$20,990,484	\$21,779,464
3	Total Salary and Fringe Benefits Expense	\$95,559,829	\$96,106,838	\$99,361,024

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	330.1	340.4	321.0
2	Total Physician FTEs	14.4	13.3	16.7
3	Total Non-Nursing, Non-Physician FTEs	810.8	793.2	801.2
4	Total Full Time Equivalent Employees (FTEs)	1,155.3	1,146.9	1,138.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$75,971	\$75,814	\$81,571
2	Nursing Fringe Benefits Expense per FTE	\$20,704	\$23,254	\$25,342
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$96,675	\$99,068	\$106,913
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$369,021	\$412,247	\$350,681
2	Physician Fringe Benefits Expense per FTE	\$100,567	\$119,702	\$101,711
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$469,587	\$531,949	\$452,392
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,134	\$55,253	\$56,841
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,025	\$14,476	\$14,910
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$70,160	\$69,729	\$71,751
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$65,000	\$65,495	\$68,120
2	Total Fringe Benefits Expense per FTE	\$17,714	\$18,302	\$19,123
3	Total Salary and Fringe Benefits Expense per FTE	\$82,714	\$83,797	\$87,243
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,141	\$2,139	\$2,285
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,631	\$10,551	\$10,706
3	Total Salary and Fringe Benefits Expense per EPD	\$832	\$819	\$816
4	Total Salary and Fringe Benefits Expense per ED	\$4,132	\$4,040	\$3,821
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$676	\$693	\$728
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,354	\$3,419	\$3,409